

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
*101650 324*

FILING DATE

*101650*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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28			12			
29			12			
30			12			
31			12			
32						
33		1				
34						
35						
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	1							
52	1							
53								
54	1							
55	1							
56	1							
57	1							
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97								
98								
99								
100								
TOTAL IND.			4					
TOTAL DEP.			27					
TOTAL CLAIMS			31					